

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09/555574		FILING DATE			
						APPLICANT(S)					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/									
2	/	/									
3	/	/									
4	/	/									
5	/	/									
6	/	/									
7	/	/									
8	/	/									
9	/	/									
10	/	/									
11	/	/									
12	4		4								
13	0		0								
14	4		4								
15	4		4								
16	4		4								
17	4		4								
18	4		4								
19	1		1								
20	1		1								
21	1		1								
22	0		0								
23	1		1								
24	0		0								
25	0		0								
26	1		1								
27	0		0								
28	0		0								
29	0		0								
30	0		0								
31	0		0								
32	0		0								
33	0		0								
34	1		1								
35	1		1								
36	1		1								
37	1		1								
38	1		1								
39	1		1								
40	0		0								
41	0		0								
42	1		1								
43	1		1								
44	1		1								
45	0		0								
46	0		0								
47	0		0								
48											
49											
50											
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	
64		64		65							